

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
SUPERVISOR'S CHECKLIST FOR NEW EMPLOYEES

(Form is to be prepared in duplicate and signed by the employee.)

Name of Employee: _____ SS#: _____

Section/District: _____ Gang: _____ Date of Employment: _____

Civil Service Job Title: _____

Name of Immediate Supervisor: _____

TOPICS COVERED:

- | | |
|---|--|
| <input type="checkbox"/> Hours of Work | <input type="checkbox"/> Attendance Requirements/Policies (leave requests, payroll completions, etc.) |
| <input type="checkbox"/> Rules of Conduct | <input type="checkbox"/> Safety Practices |
| <input type="checkbox"/> Job Description/Duties | <input type="checkbox"/> Probationary Period |
| <input type="checkbox"/> Performance Expectations | <input type="checkbox"/> Required Training Courses |
| <input type="checkbox"/> Merit Increase Eligibility | <input type="checkbox"/> Defensive Driving |
| <input type="checkbox"/> Usage of State Vehicles | <input type="checkbox"/> Facilities Orientation |

Other specific topics discussed:

The above rules, policies and procedures were explained to me.

(Signature of Employee)

(Signature of Supervisor)

(Date)